

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

WORKING COPY

1. TRANSMITTAL NUMBER:

01 - 002

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

1/1/01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 0

b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6 - A
Pages 1 and 29. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 6 to Attachment 2.6 - A
Pages 1 and 2

10. SUBJECT OF AMENDMENT:

SSI Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

SECRETARY

15. DATE SUBMITTED:

3/9/01

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
623 8th Avenue SE MS: 45500
Olympia, WA 98504-5500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 12 2001

18. DATE APPROVED:

MAR 26 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

TERESA L. TRIMBLE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE

23. REMARKS:

POSTMARKED:

3/9 (DATE)

Olympia (CITY/STATE)

State 3/22/01 Request
Per: In Change to Supplement 6 to Attachment 2.6A pages 1 & 2, Supersedes TN #
from 00-001 To 00-002.

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A
PAGE 1

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2001

	Gross Income Level	Standard	SSI Benefit	State Supplement
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Living Alone 1/

Area 1: King, Kitsap, Pierce, Snohomish, and Thurston Counties.

Individuals:	\$1,590	\$555.90	\$530	\$25.90
Couples:				
1. Both individuals eligible:	2,388	815.90	796	19.90
2. Eligible individual w/one essential person on rolls before 1/1/74:	2,388	815.90	796	19.90
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,590	696.10	530	166.10

Area 2: Counties other than King, Kitsap, Pierce, Snohomish and
Thurston

Individuals:	1,590	535.45	530	5.45
Couples:				
1. Both individuals eligible:	2,388	796	796	0
2. Eligible individual w/one essential person on rolls before: 1/1/74	2,388	796	796	0
3. Eligible individual with ineligible spouse enrolled after: 1/1/74	1,590	666.15	530	136.15

1/ Living alone includes room and board living arrangements.

TN: 01-002

Approval Date:

Effective Date: 1/1/01

Supersedes

TN: ~~00-001~~

00-002

Pen & Ink
3/22/01

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A
PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2001

	Gross Income Level	Standard	SSI Benefit	State Supplement
Shared Living (Supplied Housing): Area 1 and 2				
Individuals:	\$1,060.02	\$ 357.05	\$ 353.34	\$3.71
Couples:				
1. Both individuals eligible:	1,592.01	534.87	530.67	4.20
2. Eligible individual w/one essential person on rolls before 1/1/74:	1,590	534.20	530	4.20
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,059.72	455	353.24	101.66
Other living <u>1/</u> Area 1 and 2				
Individuals:	1,500	1,500	<u>1/500</u>	1000

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)

1/ This standard represents a maximum.

TN: 01-002

Supersedes

TN: ~~00-001~~

Approval Date:

Effective Date: 1/1/01

00-002
pen: ink
3/22/01